## Commodity Specific Food Safety Guidelines for the Production and Harvest of lettuce and Leafy Greens Process Verification Review

Company Name, Address, P			
		Date Start/End:	
		Start time:	
		End time:	
		Lunch/Dinner time, if t	aken:
Name & Title of Company Es	scort (Circle if Declined)	:	
	,		
Name of Auditor(s):			
Processes Reviewed:			
Location of Review:			
2004			
Grower	Harvester	Handler	Other(Specify):
		Handler	
	cooler name and addre		
Grower or harvester or	cooler name and addre	ess, if different from Compa	
Grower or harvester or defined as a second s	cooler name and addre	ess, if different from Compa	ny shown above.
Grower or harvester or defined and defined	cooler name and addre	ess, if different from Compa	ny shown above.  Work Practices

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	General Requirements	
Page & Line Numbers.	Question	Comment
Pp12 Line 284 - 287	Is a written Leafy Greens Compliance Plan which specifically addresses the Best Practices of the LGMA available for review?	
	Does it specifically address the following subjects consistent with the LGMA:  Water	
	Soil Amendments Environmental Factors	
	Work Practices Field Sanitation	
Pp12 Line 288 - 289	Is an up to date growers list with contact and location information available for review?	
Pp12 Line 290 - 293	Is the handler in compliance with the registration requirement of The Public Health Security and Bioterrorism Preparedness and Response Act of 2002	
Pp12 Line 292 - 293	Does the Handler have a traceability process?	
	Does it enable identification of immediate non-transporter source?  Does it enable identification of immediate non-transporter subsequent recipient?	
Pp12 Line 294 - 296	Has the Handler (or if applicable the grower) designated someone to implement and oversee the food safety program?	
	Is the name of the individual available? Is 24/7 contact information for the individual available?	

	Environmental Assessments		
Page & Line	1		
Numbers.	Question	Comment	
Pp 12 Line 305 - 306	Pre-Season Assessment		
Pp 13 Line 313 - 316	Animal Activity		
	Did the assessment identify any of the following:		
Pp 44 Table 5	Presence or evidence of animals of significant risk		
Pp 44 Table 5	Downed fencing		
Pp 44 Table 5	Tracks		
Pp 44 Table 5	Feeding		
	Feces of animals of significant risk identified in the field?		
Pp 44 Table 5	If "Yes" were specific actions identified to correct any deficiencies?		
	If "Yes" is documentation available to show that actions were		
Pp 44 Table 5	implemented?		
Pp 43 Line 880 -	If "Vee" are year periodically magnitoring the offertiveness of any		
884 & pp 45 Table	If "Yes" are you periodically monitoring the effectiveness of any corrective actions?		
pp 13 Line 317-	COTTECTIVE ACTIONS:		
326	Adjacent Land Use		
Dr. 40 Table C	Have any compost operations within 400' of the crop edge been identified?		
Pp 46 Table 6	If "Yes" are there mitigation measures, topographical or climate		
	features that indicate that the 400' recommendation should be modified?		
	If "Yes" are mitigation measures in place and documented?		
Pp 46 Table 6	Have any confined animal feeding operations (CAFO) within 400' of the edge of the crop been identified?		
	If "Yes" are there mitigation measures, topographical or climate features that indicate that the 400' recommendation should be modified?		
	If "Yes" are mitigation measures in place and documented?		
Pp 46 Table 6	Are there non-synthetic soil amendments stored within 400' of the edge of the crop?		

	Environmental Assessments		
Page & Line Numbers.	Question	Comment	
	If "Yes" are there mitigation measures or topographical features that indicate that the 400' recommendation should be modified?		
	If "Yes" are mitigation measures in place and documented?		
Pp 47 Table 6	Have any-grazing lands/domestic animals within 30' from the edge of the crop been identified?		
	If "Yes" are there topographical or climate features that indicate that 30' recommendation should be modified?		
	If "Yes" are mitigation measures in place and documented?		
Pp 47 Table 6	Have any septic leach fields (home or other building) within 30' of the edge of the crop been identified?		
	If "Yes" are there mitigation measures, topographical or climate features that indicate that 30' should be modified is too short a distance?		
	If "Yes" are mitigation measures in place and documented?		
Pp 47 Table 6	Have any well heads within 200' from untreated manure been identified?		
	If "Yes" are there topographical or climate features that indicate that 200' is too short a distance?		
	If "Yes" are mitigation measures in place and documented?		
Pp 47 Table 6	Does documentation justify the buffer zone distance for all surface water sources on the ranch and their separation from untreated manure (raw manure and partially composted manure) as follows?		
rp 47 Table 0	100' for sandy soil with a slope <6%		
	200' for loamy or clay soil with a slope <6%		
	300' for all slopes >6%		
	Have other adjacent land uses that pose a food safety risk to crops been		
Pp 43 Line 890	identified?		
	If "Yes" has a risk assessment been conducted to evaluate the risk?		
	If "Yes" have corrective measures been put in place and documented?		

	Environmental Assessments		
Page & Line Numbers.	Question	Comment	
	Recent Field History		
	Did the assessment identify any of the following:		
Pp 13 Line 332 - 335	History of flooding within the last 60 days		
Pp 13 Line 321	History of grazing on the crop land within the last 1 year		
Pp 13 Line 327 - 331	History of hazardous activity including but not limited to CAFO, municipal waste, toxic waste, landfill, etc?		
	If yes, were specific actions implemented and documented to mitigate the issue(s)?		
	Pre-Harvest Assessment		
Pp 13 Line 309, P <mark>r</mark> 42 Line 880 - 884,			
Pp 44 Table 5	Was a Pre-Harvest Assessment conducted within 7 days for each harves	sted lot?	
	Did it address the following areas?		
	Intrusion by animals of significant risk		
	Flooding		
	Potential contamination materials		
	Condition of water source and distribution system		
	Unexpected adjacent land activity that will pose a risk to food safety		
	Worker hygiene and sanitary facilities		
	Animal Intrusion		
	Did the assessment identify any of the following:		
Pp 44 Table 5	Presence or evidence of animals of significant risk		
Pp 44 Table 5	Downed fencing		
Pp 44 Table 5	Tracks		
Pp 44 Table 5	Feeding		
	Feces of animals of significant risk identified in the field?		
Pp 44 Table 5	If "Yes", was a food safety assessment completed?		
	Did the food safety assessment identify any remedial actions?		

	Environmental Assessments		
Page & Line			
Numbers.	Question	Comment	
	Is the individual who conducted the assessment identified?		
	Is the date of the assessment documented?		
	Was the field harvested?		
	If "Yes", is there documentation to show the remedial actions were followed?		
	Unusual Events		
Pp 13 Line 332 - 335	Does the Pre-Season Ranch Assessment identify any blocks for the potential of past or present flooding?		
	If "Yes" do the records indicate that any of the fields were flooded at any time during the crop cycle?		
	If "Yes" is there documentation to indicate the extent of flooding and the area of crop impacted?		
	If "Yes", was the product harvested?  If "yes", was a 30' (min) "no harvest" buffer from the high water		
	mark established?  Are these remedial activities documented?		
Pp 13 Line 327 - 331	Is there any evidence of any other type of potential source of microbial contamination? OR Has the food safety status of the adjacent land changed since the pre-season assessment was conducted?		
	If "Yes", was a food safety assessment completed?		
	Is the individual who conducted the assessment identified?		
	Is the date of the assessment documented?		
	Were remedial actions formulated?		
	If "yes", was the field harvested?		
	If "Yes", is there documentation to show the remedial actions were followed?		

	Environmental Assessments		
Page & Line Numbers.	Question	Comment	
Pp 42, Lines 865- 869	Did the remedial action include creation "no harvest" buffer or separation zones around the potentially contaminated area(s)?		
Pp 45, Table 5	Is documentation which fully delineates the potential contamination available for review?		
	Daily Harvest Assessment		
	Note: The daily harvest environmental requirement is addressed in the Field Sanitation section of this checklist		

	Water Use	
Page & Line Numbers.	Question	Comment
	General Requirements	
Pp 14 Line 358 - 361	Is a ranch map with all sources of water and distribution systems clearly identified available for review?	
Pp 14 Line 366 - 368	Was a sanitary survey completed prior to use for each water source?	
	Pre-Harvest Foliar and non-Foliar Water Applications	
	Table 1 & Figure 1A & 1B	
Pp 15 Table 1	Was a source water test conducted for each source of water within 60 days of first use on post germinated fields?	
Pp 15 Table 1	Are records available to demonstrate that water samples have been collected from each water distribution system within the last 30 days?	
Pp 15 Table 1	Records show that the water samples are taken no less than 18 hours apart.	
Pp 16 Table 1	Is the 5-sample geometric mean less than or equal to 126 MPN/100 ml?	
Pp 16 Table 1	Are all individual samples less than or equal to 235MPN/100 ml (foliar) or 576 MPN/100m ml (non-Foliar)?	
Pp 15 Table 1	The location where the sample was taken is recorded.	
Pp 15 Table 1	Show the name of the test laboratory.	
	The generic E.coli testing methodology is specified on the test report and meets the 15 tube MPN (FDA BAM) or other U.S. EPA, AOAC, or other	
Pp 15 Table 1	method accredited for quantitative monitoring of water for generic E. coli.	
	If the geometric mean exceeds 126 MPN/100ml or any individual sample is greater than 235 MPN/100ml (foliar) or 576 MPN/100ml (non-foliar) then proceed to next question otherwise go to Municipal Water/Well Exemption section.	
Pp 15 Table 1	The water system was discontinued after the tests indicated the water source failed to meet the minimum water quality requirements.	
Pp 15 Table 1	A sanitary survey was completed on the water source and distribution system for possible contamination.	

	Water Use		
Page & Line Numbers.	Question	Comment	
Pp 15 Table 1	Records show that corrective actions were taken to eliminate the contamination sources.		
Pp 15 Table 1	Samples for the required water retesting were taken at the previous sampling point.		
Pp 15 Table 1	One water test was taken daily (not less than 18 hours apart) for 5 days.		
Pp 15 Table 1	These 5 test results met the acceptance criteria: average less than 126 MPN/100ml (based on rolling geometric mean=5) and no sample exceeded greater than 235 MPN/100 ml (foliar) or 576 MPN/100 ml (non-foliar).		
Pp 15 Table 1	Records show the water system was not used while the water quality was inadequate.		
Pp 15 Table 1	If "No" was product sampled for E coli 157:H7 and Salmonella.		
Pp 15 Table 1	Or records show that the crop was not harvested for human consumption when the tests were positive for E coli O157:H7 or Salmonella.		
	Municpal Supply or Well Exemption		
Pp 15 Table 1 Pp 15 Table 1	Is the source water from a municipal supply or well?  Does this source qualify for the 5 consecutive monthly samples below the generic E. coli detection limit on record (2.2 MPN) exemption?		
Pp 15 Table 1	Is the last sample recorded within 6 months of the audit date?  Post Harvest- Direct Produce Contact or Food Contact Surfaces		
	Table 1 & Figure 1C		
Pp 16 Table 1	Is the water from a source that meets the USEPA MCLG for microbial quality-Negative per 100ml (<2.2 MPN/100ml)?		
Pp 16 Table 1	If "No" to above has the water received sufficient disinfection to meet the USEPA MCLG for microbial quality?  If the water is reused, is sufficient disinfection added and monitored to		
Pp 17 Table 1	prevent possible cross-contamination?		

	Water Use	
Page & Line Numbers.	Question	Comment
Pp 16 Table 1	Was a source water test conducted for each source of water within 60 days of first use?	
Pp 16 Table 1	Are records available to demonstrate that water samples or monitoring results have been collected from each water distribution system within the last 30 days?	
	If disinfectant requirements have not been met or source water has not been tested, proceed to the next question, otherwise go to "records for water used in cleaning".	
Pp 16 Table 1	Was use of the water system discontinued after the tests indicated the water source failed to meet the minimum water quality requirements?	
Pp 16 Table 1	Was a sanitary survey completed on the water source and distribution system for possible contamination?	
Pp 16 Table 1	Do records show that corrective actions were taken to eliminate the contamination sources?	
Pp 16 Table 1	Were samples for the required water retesting taken at the previous sampling point?	
Pp 16 Table 1	Was one water test taken daily (not less than 18 hours apart) for 5 days at the point closest to use?	
Pp 16 Table 1	Did these 5 test results meet the acceptance criteria: less than 2.2 MPN/100ml?	
Pp 16 Table 1	Do records show the water system was not used while the water quality was inadequate?	
Pp 16 Table 1	If "No" then was product sampled for E coli 157:H7 and Salmonella?	
Pp 16 Table 1	Do records show that the crop was not harvested for human consumption when the tests were positive for E coli O157:H7 or Salmonella?	
Pp 16 Table 1	If "No" do the records show that the product was not harvested?	
Pp 16 Table 1	Do records show that all water used in equipment cleaning processes (Tables, belts, bins, etc.) is tested for generic E. coli or that sufficient disinfectant was used?	

Water Use	
Question	Comment
Do the records document all of the following:	
The generic E.coli testing methodology is specified on the test report and meets the 15 tube MPN (FDA BAM) or other U.S. EPA, AOAC, or other method accredited for quantitative monitoring of water for generic E. coli.	
The records indicate that the operation monitors disinfectant levels during re	
The records indicate the testing procedure/equipment that was used for monitoring the disinfectant levels (Indicate the procedure/equipment type).	
Is the location of where the sample was taken recorded?  Do the records show the name of the test laboratory if applicable?	
	Do the records document all of the following:  The generic E.coli testing methodology is specified on the test report and meets the 15 tube MPN (FDA BAM) or other U.S. EPA, AOAC, or other method accredited for quantitative monitoring of water for generic E. coli.  The records indicate that the operation monitors disinfectant levels during re hydration, product coring in the field and product cooling.  The records indicate the testing procedure/equipment that was used for monitoring the disinfectant levels (Indicate the procedure/equipment type).

	Soil Amendments		
Page & Line			
Numbers.	Question	Comment	
	Soil amendments contain raw or partially composted animal		
	manure.		
Pp 21 Line 434 -	Have raw or partially composted animal manure or biosolids been applied in		
436	the last 1 year?		
Pp 21 Line 434 -			
436	If "Yes" were any of these fields used in the production of leafy greens?		
	2. Soil amendments contain composted manure		
	Has a soil amendment containing fully composted animal manure been		
	applied to the field within the last year?		
Pp 22 Line 467-			
474 & 479 - 481	Are Process Validation records available for review?		
	If the Enclosed or Within-Vessel Composting method is used, do the		
Pp 23 Table 2	records show:		
D 00 T 11 0			
Pp 23 Table 2	that the active compost maintained a minimum of 131oF for 3 days?		
D. 00 T.I.I. 0	that a curing/aging period of at least 45 days before application to fields		
Pp 23 Table 2	was followed?		
Pp 23 Table 2	If the Windrow Composting method is used do the records show:		
Do 22 Toble 2	that the active compost maintained aerobic conditions for a minimum of		
Pp 23 Table 2 Pp 23 Table 2	131oF for 15 days?		
rp zo Table Z	a minimum of five turnings?followed by a curing/aging period of at least 45 days before application		
Pp 23 Table 2	to fields.		
i p zo rabie z	If the Aerated Static Pile Composting method is used do the records show		
Pp 23 Table 2	that:		
1 P ZO TADIO Z	the active compost was covered with 6 to 12 inches of insulating		
Pp 23 Table 2	materials?		
Pp 23 Table 2	maintain a minimum of 131oF for 3 days?		
Pp 23 Table 2	a curing/aging period of at least 45 days before application to fields.		
<u> </u>	Has each lot of composted material that is equal to or less than 5000 cubic		
Pp 24 Table 2	yards been tested as required?		
	Has each lot of composted material been applied to the production location		
Pp 24 Table 2	more than 45 days before harvest?		

	Soil Amendments		
Page & Line			
Numbers.	Question	Comment	
	Records must be available to document the following criteria have		
	been meet for each lot of compost containing animal material used.		
	a. Acceptance criteria		
Pp 23 Table 2	Fecal coliforms: <1000 MPN/gram		
	· Salmonella: Negative per sample size of the prescribed		
Pp 23 Table 2	test		
D. 00 T. I 0	• E. coli O157:H7: Negative per sample size of the prescribed		
Pp 23 Table 2	b. Recommended test methods		
D. OATHLE O			
Pp 24 Table 2	Fecal coliforms: 9 tube MPN		
Pp 24 Table 2	Salmonella spp: U.S. EPA Method 1682		
Do 24 Toble 2	• E. coli O157:H7: Any laboratory validated method for		
Pp 24 Table 2	compost  Other U.S. EPA, FDA, or AOAC-accredited methods may be		
Pp 24 Table 2	used as appropriate.		
1 p 24 Table 2	c. Sampling plan		
Pp 24 Table 2	12 point sampling plan composite sample		
1 9 2 1 1 4510 2	Sample may be taken by the supplier if trained by the testing		
Pp 24 Table 2	laboratory		
Pp 24 Table 2	Laboratory must be certified/accredited		
	3. Soil amendments that do not contain animal manure		
Pp 21 Line 441	Is a Letter of Guaranty or other comparable documentation (ingredient		
445, Pp 26	statement, bag label, etc) available that shows the soil amendments do not		
Table 2	contain animal manure?		
	Show the name of the authority issuing the Letter of Guaranty or other		
Pp 26 Table 2	comparable document		
	4. Soil amendments that contain animal manure that are physically		
	heat treated or processed by other equivalent methods		
	Are process records or other comparable documentation available that show		
Pp 25 Table 2	the lethality of the process?		
	Show the name of the process authority issuing the Letter of Guaranty or		
Pp 25 Table 2	other comparable document		

	Soil Amendments		
Page & Line			
Numbers.	Question	Comment	
	Records must be available to document the following criteria have		
	been meet for each lot of physically heat treated or processed by		
	other equavalent method compost containing animal material used.		
	a. Acceptance criteria		
Pp 25 Table 2	Fecal coliforms: Negative MPN/gram		
'	Salmonella: Negative per sample size of the prescribed		
Pp 25 Table 2	test		
•	<ul> <li>E. coli O157:H7: Negative per sample size of the prescribed</li> </ul>		
Pp 25 Table 2	test		
	b. Recommended test methods		
Pp 25 Table 2	Fecal coliforms: 9 tube MPN		
Pp 25 Table 2	<ul> <li>Salmonella spp: U.S. EPA Method 1682</li> </ul>		
	<ul> <li>E. coli O157:H7: Any laboratory validated method for</li> </ul>		
Pp 25 Table 2	compost		
	<ul> <li>Other U.S. EPA, FDA, or AOAC-accredited methods may be</li> </ul>		
Pp 25 Table 2	used as appropriate.		
	c. Sampling plan		
Pp 25 Table 2	<ul> <li>12 point sampling plan composite sample</li> </ul>		
	<ul> <li>Sample may be taken by the supplier if trained by the testing</li> </ul>		
Pp 25 Table 2	laboratory Pp 25		
Pp 25 Table 2	<ul> <li>Laboratory must be certified/accredited</li> </ul>		
	5. Soil amendments that are Non-Synthetic Crop Treatments		
	(compost teas, fish emulsions, fish meal, blood meal, bio-fertilizers,		
	etc) Table 3 & Figure 3).		
Pp 29 Line 502 -			
504	Has a non-synthetic crop treatment been applied to the crop?		
Pp 30 Table 3	If "Yes" to Q 57 was this application to the edible portion of the crop?		
	Is a letter of compliance or comparable document outlining the actual		
	conditions of use and conformance to standards available for review		
Pp 30 Table 3	(including presence of animal products or manure)?		
	Records must be available to document the following criteria have		
	been meet for each lot of non-synthetic crop treatment used.		

	Soil Amendments				
Page & Line					
Numbers.	Question	Comment			
Pp 30 Table 3	Did each lot/batch used meet the microbial criteria identified below?				
Pp 30 Table 3	Salmonella: Negative per sample size of the prescribed test				
Pp 30 Table 3	E. coli O157:H7: Negative per sample size of the prescribed test				
	If this treatment is applied as a liquid does the solution meet the microbial				
	criteria set forth for pre-harvest water application? (5-sample geometric mean				
	of 126 MPN/100 ml and no sample >235 MPN/100ml (Foliar) or 576 MPN/100				
Pp 30 Table 3	ml (non-foliar))				
	Application intervals were met:				
	Was this non-synthetic crop treatment produced using a validated process for				
Pp 30 Table 3	pathogen control?				
D 00 T 11 0					
Pp 30 Table 3	If "No" to above, was the treatment applied at least 45 days before harvest?				
	If "Yes", are process validation records and documentation available to				
	show that the process is capable of reducing pathogens of human health				
Pp 30 Table 3	significance to acceptable levels.				
	Acceptable testing methods were followed:				
Pp 30 Table 3	Salmonella spp: U.S. E.P.A. Method 1682				
Pp 30 Table 3	E. coli O157:H7: Any laboratory validated method for compost sampling				
rp 30 Table 3	Other U.S. EPA, FDA, or AOAC-accredited methods may be used as				
Pp 30 Table 3	appropriate.				
Pp 30 Table 3	The proper sampling plan was followed:				
Pp 30 Table 3	Solid: 12 point sampling plan composite sample				
Pp 30 Table 3	Liquid: Single well-mixed sample per lot				
Pp 30 Table 3	Sample may be taken by the supplier if trained by the testing laboratory				
1 00 14510 0	Laboratory must be certified/accredited by annual review of laboratory				
Pp 30 Table 3	protocols based on GLPs by recognized NGO.				
	d. Testing Frequency:				
Pp 30 Table 3	Each lot before application to production fields.				
Pp 30 Table 3	Identify the crop treatment.				
Pp 30 Table 3	Show the name of the laboratory completing the testing.				
Pp 30 Table 3	Show date of application ?				
Pp 30 Table 3	Does it show the date of harvest?				
Pp 30 Table 3	Show the supplier name.				

	Worker Practices		
Page & Line			
Numbers.	Question	Comment	
	General Requirements		
Pp 35 Line 636 -	Is there a written policy for all employees and all visitors to the field location		
638	which describes the required hygiene rules?	SOP	
	Does the Policy address the following:		
Pp 35 Line 664-			
682	Sanitary Facilities		
Pp 35 Line 636 -			
647	Field Worker Practices (GMP's, GHP's, etc.)		
Pp 35 Line 639 -			
647	Worker Health Practices		
	Sanitary Facilities		
Pp 35 Line 664-			
682	Is there a documented field sanitary facility program?		
	Does the Field Sanitary Facility Program address the following:		
Pp 35 Line 664-	The number, condition, and placement of field sanitation units complies with		
682	applicable state and/or federal regulations.		
Pp 35 Line 664-			
682	Sanitary facilities are readily accessible (proximate) to the work area.		
Pp 35 Line 664-			
682	Sanitary facilities are regularly maintained according to schedule.		
Pp 35 Line 664-	Sanitary facilities have sufficient consumable supplies (i.e.: hand soap,		
682	water, paper towels, toilet paper, etc).		
Pp 35 Line 664-	Readily understandable signs are posted to instruct employees to wash		
682	their hands before beginning or returning to work.		
Dn 25 Line 604	Field conitation facilities are also and conviced on a set of the field and		
Pp 35 Line 664-	Field sanitation facilities are cleaned and serviced on a scheduled basis and		
	at a location that minimizes the potential risk for product contamination.		
Pp 35 Line 664- 682	Address the placement of the sanitary facility in order to minimize any impact on the crop in the field including:		
Pp 35 Line 664-	impact on the crop in the field including.		
682	Minimize the impact on the crop from leaks and/or spills		
Pp 35 Line 664-	willing the impact on the Gop Horn leaks and/or spills		
682	Ability to access the unit for service		

	Worker Practices		
Page & Line			
Numbers.	Question	Comment	
Pp 35 Line 664-			
682	Documented response plan in the event of a major leak and/or spill.		
	Field Worker Practices (GMPs, GHPs, etc.)		
Pp 35 Line 636 -			
654	Is there a written worker practices program?		
Pp 35 Line 636 -	•		
654	Does the program establish employee work rules which address the following:		
Pp 35 Line 636 -	•		
654	Training on proper sanitation and hygiene practices		
Pp 35 Line 636 -	Requirement for workers to wash their hands before beginning or returning		
654	to work.		
Pp 35 Line 636 -			
654	Confine smoking, eating and drinking (except water) to designated areas.		
Pp 35 Line 636 -			
654	Storage requirements for personal items in/or adjacent to the field?		
Pp 35 Line 633 -			
635	The appropriate use and sanitation of gloves.		
Pp 33 Line 566 -	Proper cleaning, sanitation and storage of hand harvest equipment (knives,		
567	scythes, etc).		
Pp 35 Line 648 -			
654	hazrad prevention program which includes the following?		
Pp 35 Line 648 -	The proper wearing of head and facial heir restraints		
654 Pp 35 Line 648 -	The proper wearing of head and facial hair restraints.		
654	The proper wearing of apron and other food safety apparel.		
Pp 35 Line 648 -	Removal of visible jewelry (rings, bracelets, necklaces, body piercings,		
654	etc.) prior to the start of work.		
654	Removal of all objects upper from pockets.		
<del></del>	Removal of all objects apper from pockets.		
	Worker Health Practices		
Pp 35 Line 655 -			
656	Is there a written worker health practices program?		
	Are employee work rules established which address the following:		

	Worker Practices		
Page & Line			
Numbers.	Question	Comment	
Pp 35, 36 Line	Workers with diarrheal disease or symptoms of other infectious disease are		
657 - 663	prohibited from handling fresh produce.		
Pp 35, 36 Line	Workers with open cuts or lesions are prohibited from handling fresh		
657 - 663	produce.		
Pp 35, 36 Line			
657 - 663	Actions for employee to take in the event of injury or illness.		
Pp 35, 36 Line	A policy describing procedures for handling/disposition of produce or food		
657 - 663	contact surfaces that have come into contact with blood or other body fluids.		

	Field Sanitation				
Page & Line Numbers.	Question	Comment			
	General Requirements				
Pp 35 Line 636 - 638	Is there a written policy for all employees and all visitors in the field location which describes the required field sanitation SOPs?	SOP			
	Field Activities				
	Does the written field activity SOP address the following:	SOP			
Pp 37 Line 698 - 700	Cross contamination by farming equipment that comes into contact with raw manure, untreated compost, waters of unknown quality, animals of significant risk or other potential sources.				
	If "yes", does it appropriately restrict the use or require a documented cleaning and sanitation program of the equipment?				
	If cleaning and sanitation is required, are records of the cleaning/sanitation available for review.				
	Harvest Activities				
<del>1 p 00 Eme 000</del>	Does the written harvest activity SOP address the following:	SOP			
640	Is a specific individual assigned the food safety responsibility for harvesting?				
	Is a documented daily food safety harvest assessment available for review?				
	Is the assessment dated?				
	Is the individual who conducted the assessment identified?				
	Are the specific growing blocks associated with the assessment clearly ide	entified?			
	Is the Harvester name and contact information documented?				
Pp 44 Table 5	Does it require a visual assessment for intrusion into the field for animals of significant risk?				
Pp 44 Table 5	If yes, is evidence of intrusion documented?				
Pp 44 Table 5	If yes, does it document that appropriate remedial actions been taken'	?			
	SSOP of harvest equipment addressing the following	SSOP			
Pp 34 Line 595-597	Frequency of cleaning and sanitation				
Pp 35 Line 641	Chemical usage and record keeping				

	Field Sanitation		
Page & Line Numbers.	Question	Comment	
Pp 34 Line 595-597	Equipment specific cleaning instructions		
Pp 35 Line 641	Chemical storage		
Pp 35 Line 641	All chemical storage containers are labeled appropriately		
Pg 33, Line 563	Sanitation verification		
Pg 33, Line 564	Daily inspection		
Pg 33, Line 656	Periodic microbial swabs or other equivalent indicator		
572 571-	SOP for handling and storage of product containers addressing the following	SOP	
Pp 33 Line 573	Over night storage		
Pp 33 Line 574	Contact with the ground		
Pp 33 Line 575	Container assembly (RPC, fiber bin, plastic bin, etc)		
Pp 33 Line 576	Damaged containers		
Pp 33 Line 577	Use of containers only as intended		
Pp 33 Line 578	SOP for sanitary operation of equipment		
Pp 33 Line 579	Are spills and leaks addressed		
Pp 34 Line 602-604	Harvest equipment protection		
Pp 34 Line 602-604	Overnight equipment storage		

Field Obs	Field Observations		
Question	YES	NO	Comment
Water Use			
Are there any active and/or inactive water sources that have not been			
recorded in the Water Use Audit?			
From visual inspection, is there any evidence that the water sources and			
distribution systems may pose a contamination risk (damage, inadequately			
maintained, evidence of animal activity)?			
Other			
Soil Amendments			
Is there any evidence of undocumented use of soil amendments?			
Is there any evidence of improperly applied soil amendments?			
Is there any evidence of improperly stored soil amendments?			
Other			
Environmental Factors			
Is there evidence of fecal contamination in the field?			
Is there evidence of animals of significant risk in the field?			
Is there evidence of non-compliance with distances as outlined in the			
Environmental Assessment?			
Is there evidence that remedial actions such as animal barriers (fences, gates,			
grates, etc) are not in good repair and operational?			
Is there any evidence that worker hygiene rules have been violated during the			
crop cycle?			
Other			
Work Practices			
Are any employees eating, drinking (except water), chewing tobacco or			
smoking in crop production actively harvested areas?			
Were any employees observed to not have washed their hands after; restroom			
usage, work breaks, or any returning to work occasion?	10		
Is there any evidence that sanitary facilities are not routinely clean and operation			
Is there any evidence that worker hygiene rules have been violated during the	crop cycle	e? 	
Is there any evidence that sanitary facilities are not adequately stocked with disposable supplies?			
Are improperly stored personal items observed in the field?			
Is there any evidence or observations that employees are not using the			
restrooms?			
Are there any employees with uncovered wounds, boils or cuts?			
Are there any employees with symptoms of infection or contagious disease?			
Other			-
Field Sanitation			

Field Observations			
Question	YES	NO	Comment
Is there any evidence of excessive non-vegetative debris in the field?			
Is there evidence of open and/or unsupervised chemicals in the field?			
Is there any evidence of leaks and spills on equipment in the field?			
Is there any evidence of the use of non-sanitized farm equipment that may			
have come in contact with raw manure, untreated compost, waters of			
unknown quality, wildlife or domestic animals?			
Is there any evidence of other cross-contamination potential of product and/or			
product contact surfaces?			
Other			